

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

1. CORRESPONDENCE ADDRESS

TOWNSEND AND TOWNSEND AND CREW
TWO EMBARCADERO CENTER EIGHTH FLOOR
SAN FRANCISCO CA 94111

RECEIVED
Publishing Division
JUL 14 1997

08

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/561,958

11/22/95

056

MENDEZ, M

3306

06/24/97

First Named Applicant

EGGERS,

PHILIP E.

TITLE OF INVENTION SYSTEM AND METHOD FOR ELECTROSURGICAL CUTTING AND ABLATION

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3

16238-7

604-114.000

064

UTILITY

YES

\$645.00

09/24/97

3. Correspondence address change (Complete only if there is a change)

08/29/1997 SHOPPER 00000052 DOR:201430 08561958
01 FC:242 645.00 CH
02 FC:561 30.00 CH

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Townsend and Townsend
1 and Crew LLP

2

3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

ARTHROCARE CORPORATION

(2) ADDRESS: (CITY & STATE OR COUNTRY)

SUNNYVALE, CALIFORNIA

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 20-1430

(ENCLOSE A COPY OF THIS FORM)

☒ Issue Fee ☒ Advance Order - # of Copies Ten (10)

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) John T. Raffle, Reg. No. 38,585 (Date) 7/10/97

NOTE: The issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers.

Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

on: July 10, 1997 (Date)

Rhonda J. Stine (Name of person making deposit)

Rhonda J. Stine (Signature)

July 10, 1997 (Date)